

Equal Housing Opportunity

The Departments of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with (Issued under the authority of P.A. 346 of 1966, as amended. Completion is

## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY **WEEKLY MARKETING REPORT**

Please return this form to Kris Smith by e-mail at <a href="mailto:SmithKris@michigan.gov">SmithKris@michigan.gov</a> or by fax at (517) 373-7657

Disability Act, you	may make your need	ds known to this age	ncy.	required. Failure to	do so may res	ult in the	termination of a	Management Agent.)	
MSHDA #	Development Name		Management Company Name			Report #		Total # of Units	
Report Period: Begin: End:		Basic Units Released for Occupancy			Barrier Free Units Released		ased for Occupancy		
Basic Units Occupied	Barrier Free Units Occupied		Vacant Units: 1 Bedroom	Vacant Units: 2	Vacant Units: 2 Bedrooms		Inits: 3 Bedrooms	Vacant Units: Barrier Free	
Marketing Goals>>>>	Target Market Minority			# of Barrier	# of Barrier Free Units		Name of Asset Manager		
			Qualified Applica	ations Processe	ed				
		Family	WEEKLY Total		Family		CUMULATIVE Total		
Minority		Family	Elderly	Total	Fami	iy	Elderly	Total	
Non-Minority								+	
People with Disabilities									
Total Received									
		Income	Qualify for Tax C	redits/Financia	l Criterion				
			WEEKLY	CUMULATIVE					
		Family	Elderly	Total	Fami	ly	Elderly	Total	
Enter Percentage %									
Enter Percentage %									
Enter Percentage %			_						
Marke	et Rate								
			Occu	pancy					
		Family	WEEKLY		Family		CUMULATIVE		
Minority		Family	Elderly	Total	Fami	ly	Elderly	Total	
Non-Minority									
People with Di	sahilities								
Total Receive									
Total Receive		Incomo	Ouglify for Tax C	rodits/Einancia	   Critorion				
		WEEKLY	alify for Tax Credits/Financial Criterion			CUMULATIVE			
		Family	Elderly	Total	Fami	lv	Elderly	Total	
Enter Percenta	age %	,					<b>,</b>		
Enter Percenta	age %								
Enter Percenta	age %								
Market Rate									
On Page 2 (two) of this report, outline the specific we Copies of all new brochures, newspaper advertisements. Smith. These materials will be forwarded to the Company of t			ents, news releases, flyers, etc. must		st be submit	be submitted to			
I Certify the A	uthenticity of th	nis report							
(Signature)			(Date)		(Print Name)				

